U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 3862

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2005 Through: 12 / 31 / 2005

	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Device Mcalliste	Name Istsountional Union, Closes
	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1415 Delmoute Drive	Street 8000 E. GEPTERSON
city Wolvsvias Che.	City Defroit
State Mich. ZIP Code + 4 48390	State Mich. ZIP Code + 4 48214
5. Position in labor organization. Pulmicistrative Position	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Blue Core Wetwork	Aunal Solon
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street 600 CAFAy Ette E.	
city Detroit	86,775,78
State Milh ZIP Code + 4 48226	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
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Signed A Signed	On <u>2/17/06</u> <u>313 926 5013</u> Date Telephone Number